

Name
in
Full

George America

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

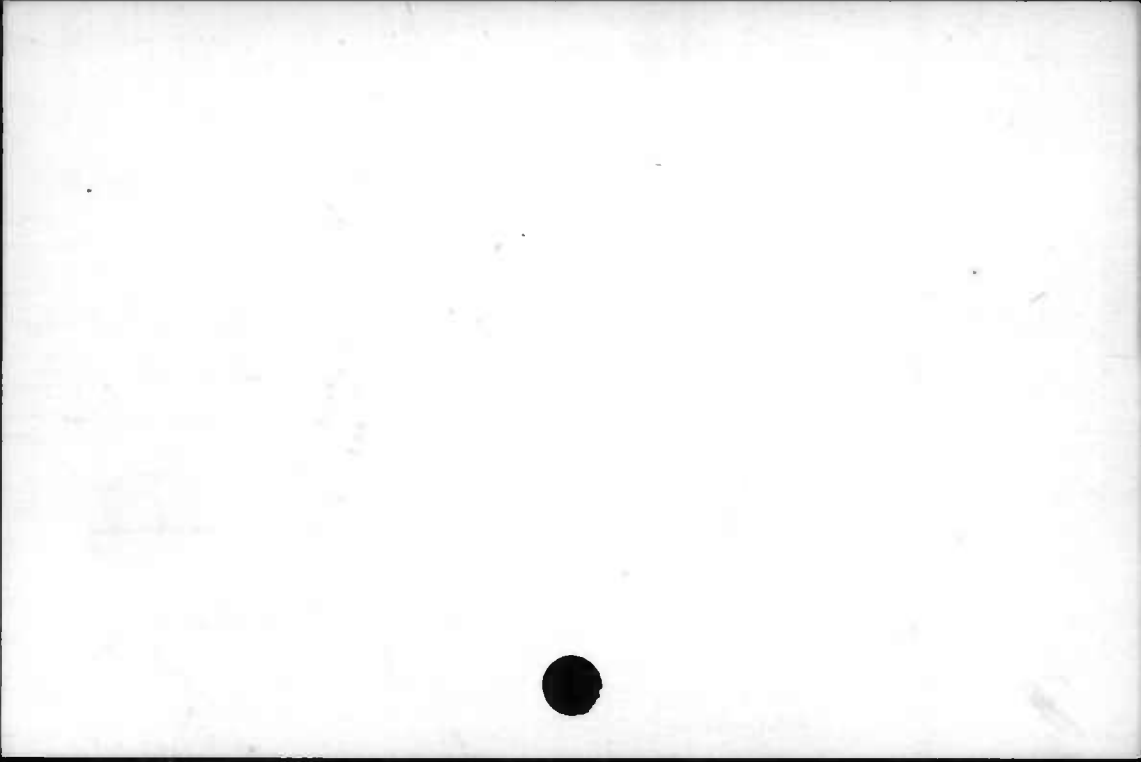
MARYLAND

Died at <i>North Laurel</i> ^{Town}		<i>Honors</i> ^{County}			
Date of death	<i>1906</i>	<i>Oct</i> ^{Month}	<i>31</i> ^{Day}	<i>4</i> ^{Years}	<i>4</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>None</i>		Birth-place	<i>North Laurel</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>George America</i>			Father's Birthplace	<i>Honors Co. Md</i>
Mother's Maiden Name	<i>Addie America</i>			Mother's Birthplace	<i>A. A. G. Md</i>
Name of person giving information	<i>George America</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burns</i>	How long	<i>161</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. R. C. Harvey</i>
		Address	<i>Laurel. Md.</i>
Accident or Suicide?	<i>Accident</i>		



Name

in
Full

Vera America

CERTIFICATE OF DEATH

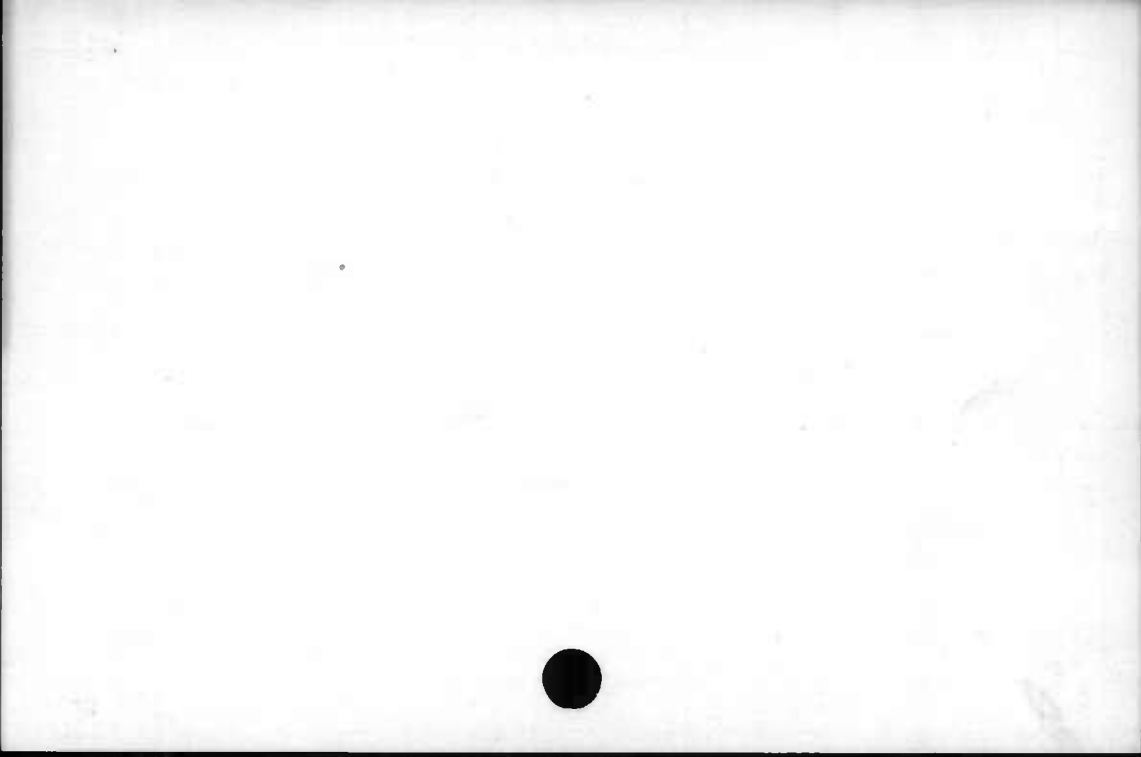
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Laurel</i>		Town <i>Laurel</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	3	Age	4
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>North Laurel</i>		Months <i>5</i> Days	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George America</i>		Father's Birthplace <i>Howard Co. Md.</i>					
Mother's Maiden Name <i>Eddie America</i>		Mother's Birthplace <i>A. A. Co. Md.</i>					
Name of person giving information <i>George America</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>Immediate</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. R. C. Roberts</i>
	Address <i>Laurel Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Robert C. Belden

CERTIFICATE OF DEATH

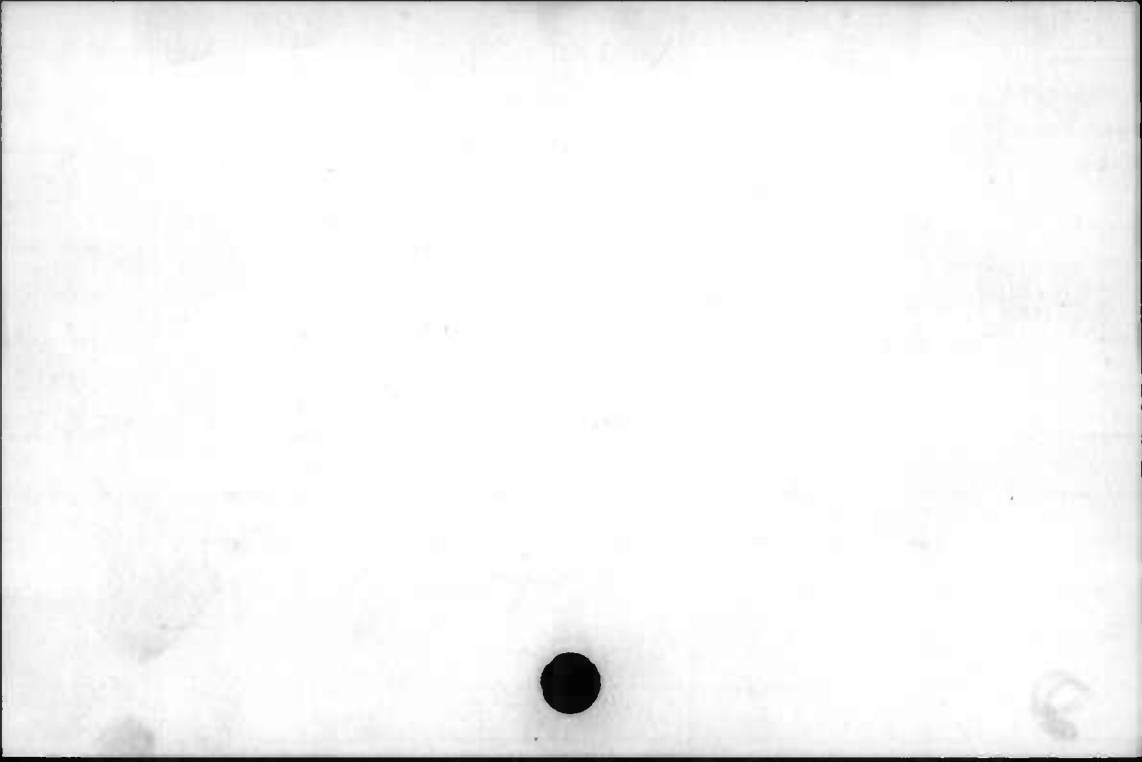
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>Oct.</i>	Day <i>21</i>	Years <i>95</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Conn.</i>				
Occupation <i>Retired</i>			Where Residing If not at place of death <i>C. W. W.</i>				
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband				
Father's Name <i>Simeon Belden</i>			Father's Birthplace <i>Conn.</i>				
Mother's Maiden Name <i>Catherine Smith</i>			Mother's Birthplace <i>N. Carolina</i>				
Name of person giving information <i>R. Abbey Martin</i>			How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>154</i>	How long
Immediate	<i>Benile degeneration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. M. B. Rogers</i>
		Address <i>W. M. B. Rogers</i>
Accident or Suicide?		



Name
in
Full

Thorn dake Brooks.

CERTIFICATE OF DEATH

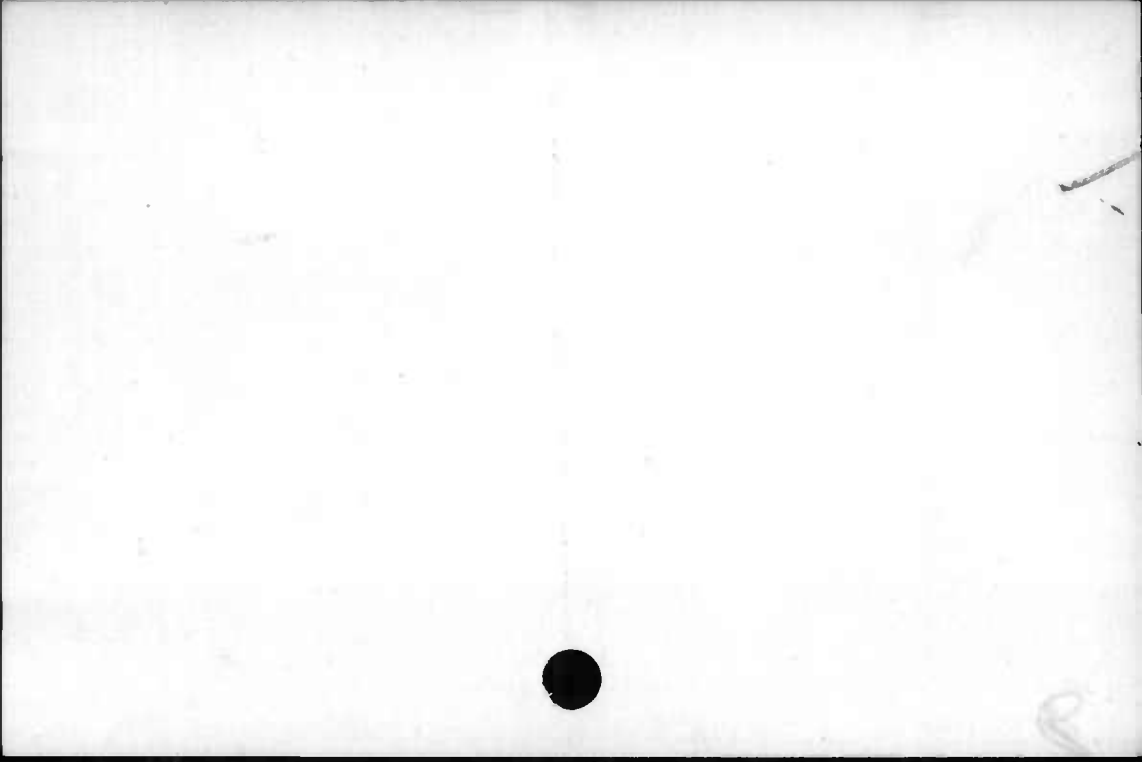
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1906	Month	October	Day	8	Age	78
Sex	Male	Color or Race	White	Months	6	Days	27
Birthplace	Baltimore City.						
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Mary McKean Brooks-deceased.</i>				
Father's Name	<i>Chauncey Brooks</i>				Father's Birthplace <i>Conn.</i>		
Mother's Maiden Name	<i>Marilla Phelps</i>				Mother's Birthplace <i>Conn.</i>		
Name of person giving information	<i>Nannie McKean Brooks</i>				How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	<i>Carcinoma - Secondary Infiltr. Brain</i>		How long	<i>18 mos.</i>
Immediate Cause	<i>Failure of Nervous System</i>		How long	<i>8 weeks (sick)</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>Daniel B. Freucher</i>		
Address		<i>Sykesville</i>		
Accident or Suicide?		<i>No</i>		



Name
in
Full

Arthur O. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hechester</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>October</u> ^{Month}	<u>24</u> ^{Day}	Age <u>33</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>laborer</u>	Where Residing if not at place of death <u>Thistle factory</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sallie Brown</u>				
Father's Name <u>William Brown</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Margaret Gadin</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Lee Hobbs</u>	How related to deceased <u>not related</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>—</u>
Immediate <u>killed by B & O. train</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Bernard H. Wallenhorst J.P.</u>
<u>Accident</u>	Address <u>acting coroner</u> <u>Ellicott City</u> <u>Maryland</u>
Accident or Suicide?	



Name
in
Full

James W. Collins

CERTIFICATE OF DEATH

MARYLAND

Died at *Alberton* Town*Haward* CountyDate of death *1906* Month *October*Day *4*Age *72* YearsMonths *4*Days *4*Sex *Male*

Color or Race

White

Birthplace

Warren Co., Va.

Occupation

Retired Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife

Mary E. Watkins

Father's Name

James W. Collins

Father's Birthplace

Warren Co. Va.

Mother's Maiden Name

Nancy Ramsey

Mother's Birthplace

Warren Co. Va.

Name of person giving information

Mary E. Collins

How related to deceased

Wife

CAUSES OF DEATH

Primary

Cancer of Superior Maxilla, Left

How long

9 Months

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

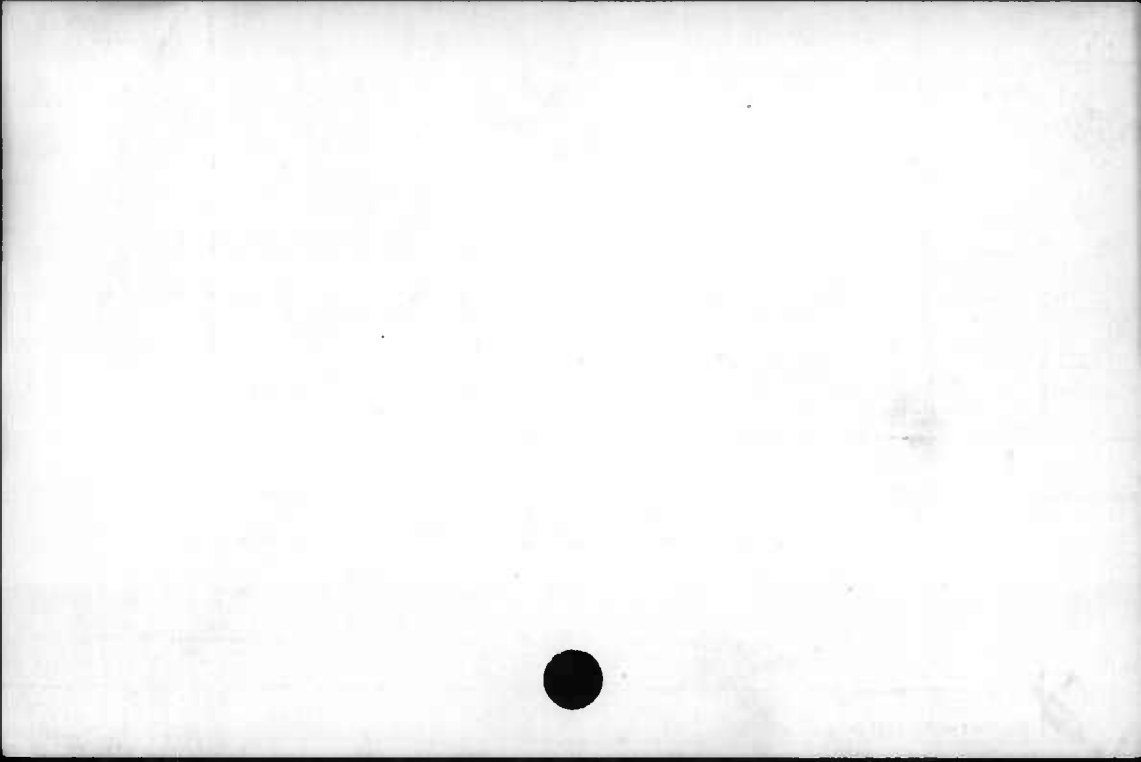
Wm. B. Gambrell

Address

Alberton, Md.

Accident or Suicide?

*For the above**Alberton*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Sabelle Drumhugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1906		Oct.	31	Age	4	
	Sex		Color or Race		Birth-place		
	Female		White		Howard B.		
	Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Drumhugh				Father's Birthplace	
Mother's Maiden Name		Sallie Gumpford				Mother's Birthplace	
Name of person giving information		Henry Horan				How related to deceased	
		Uncle					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Laryngeal Diphtheria (9)				How long
							24 hrs
	Immediate						How long
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address	
				2 Dr. P. P. P. P.		Sawyer St.	
Accident or Suicide?							

— Black
Knee Grain
Savoy, N.H.

Name

in
Full

CERTIFICATE OF DEATH

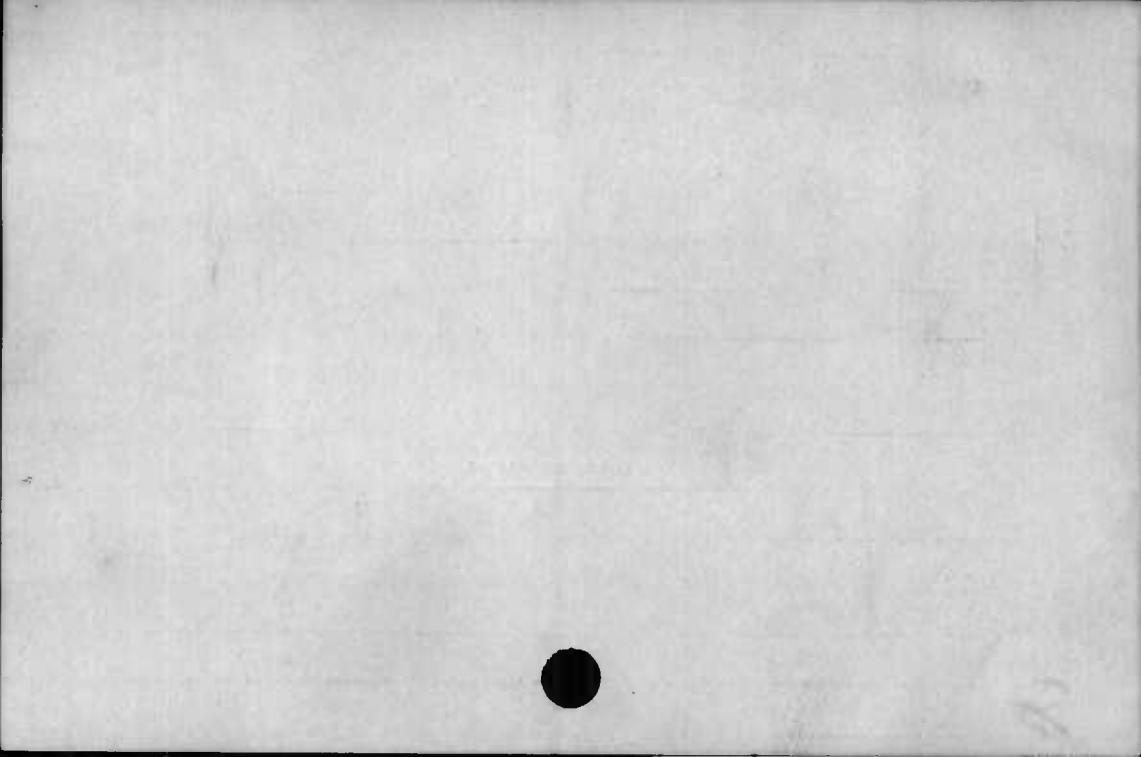
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alberta</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>oct</i>	Day <i>28</i>	Age <i>45</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto Co. Md.</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>In Baltimore Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Mary Johnson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthenia</i>	How long
Immediate <i>Cardiac Syncope skat failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Fran E Miller M.D.</i>
<i>Unknown</i>	Address <i>Alberta Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide? <i>Truth</i>	



Name
in
Full

CERTIFICATE OF DEATH

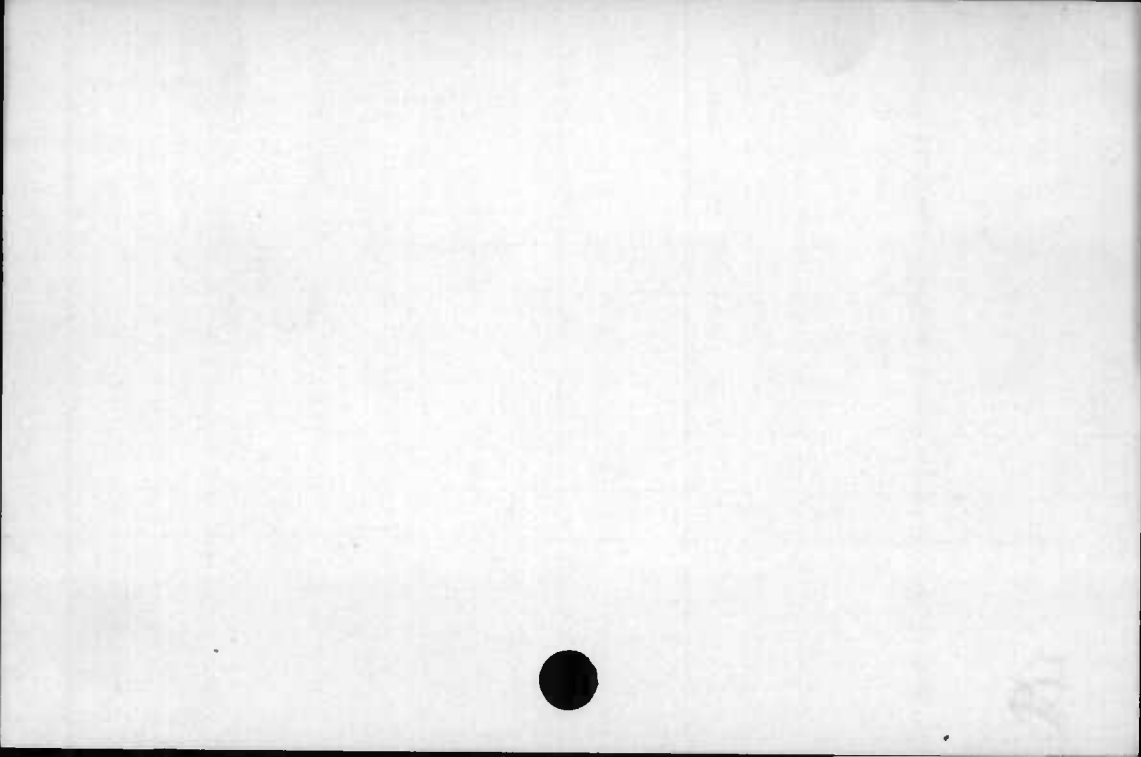
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miss Bessie V Layman</i>		Town <i>Florence</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>18</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John T Layman</i>			Father's Birthplace <i>Fredrick Co</i>				
Mother's Maiden Name <i>Mary Lett</i>			Mother's Birthplace <i>Howard Co</i>				
Name of person giving information <i>Eleanor T Layman</i>			How related to deceased <i>Sister</i>				

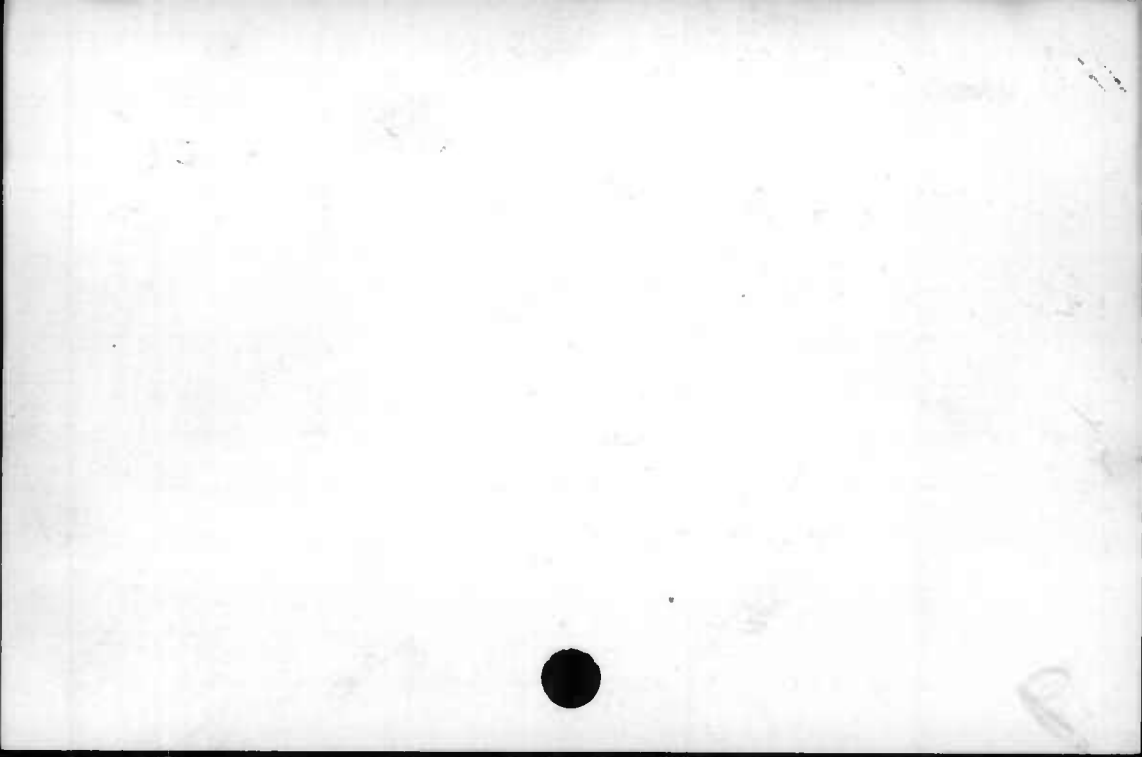
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Six weeks</i>
Immediate <i>General Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W H Dyson M.D.</i>
	Address <i>Laytonsville Ind.</i>
Accident or Suicide? <i>8</i>	



Name in Full		Tertly Mack				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Pine Orchard		Town		Howard		County		
	Date of death		1906		Oct		1		Age		
	Sex		Female		Color or Race		Colored		Birth-place		
	Occupation		—		Where Residing if not at place of death		Pine Orchard		Months		
	Married, Single or Widowed		Single		Name of Wife or Husband		—		Days		
	Father's Name		Frank Mack		Father's Birthplace		N. Carolina				
PHYSICIAN OR CORONER	Mother's Maiden Name		Sarah Blackwell		Mother's Birthplace		Md				
	Name of person giving information		Frank Mack		How related to deceased		Father				
	CAUSES OF DEATH										
	Primary		Pneumonia		(93)		How long		one week		
Immediate		Heart-failure				How long		9 hours			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. Byrnes		Address		Elliott City, Md	
Accident or Suicide?											



Name
in Full

CERTIFICATE OF DEATH

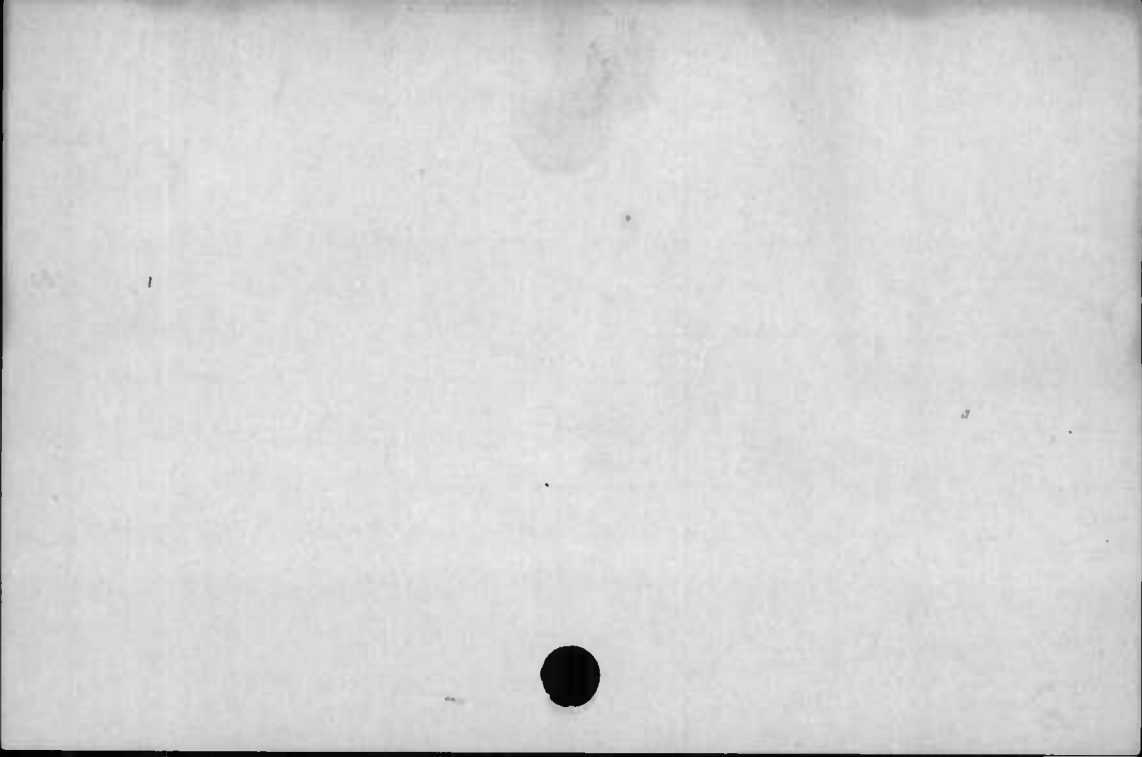
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glennwood</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1906	Month	Oct	Day	4	Age	72
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co Md</i>		Months <i>1</i> Days <i>22</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mr A. G. Mathews</i>					
Father's Name <i>Thomas H. Wood</i>		Father's Birthplace <i>Howard Co</i>					
Mother's Maiden Name <i>Sarah Price</i>		Mother's Birthplace <i>Baltimore Co</i>					
Name of person giving information <i>Miss Gertrude Mathews</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart disease</i>	How long	<i>Six months</i>
Immediate	<i>Failing of vital forces</i>	How long	<i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Walter Sims M.D.</i>	
		Address <i>Glennwood Howard Co Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Inland of Mr Frank Mills*

Died at *Ellicott City* Town *Howard* County *les*

Date of death *1906* Month *Oct* Day *1* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Frank Mills* Father's Birthplace *Maryland*

Mother's Maiden Name *Dorise Miles* Mother's Birthplace *Maryland*

Name of person giving information *Frank Mills* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *This carriage at* How long *—*

Immediate *6th month* How long *—*

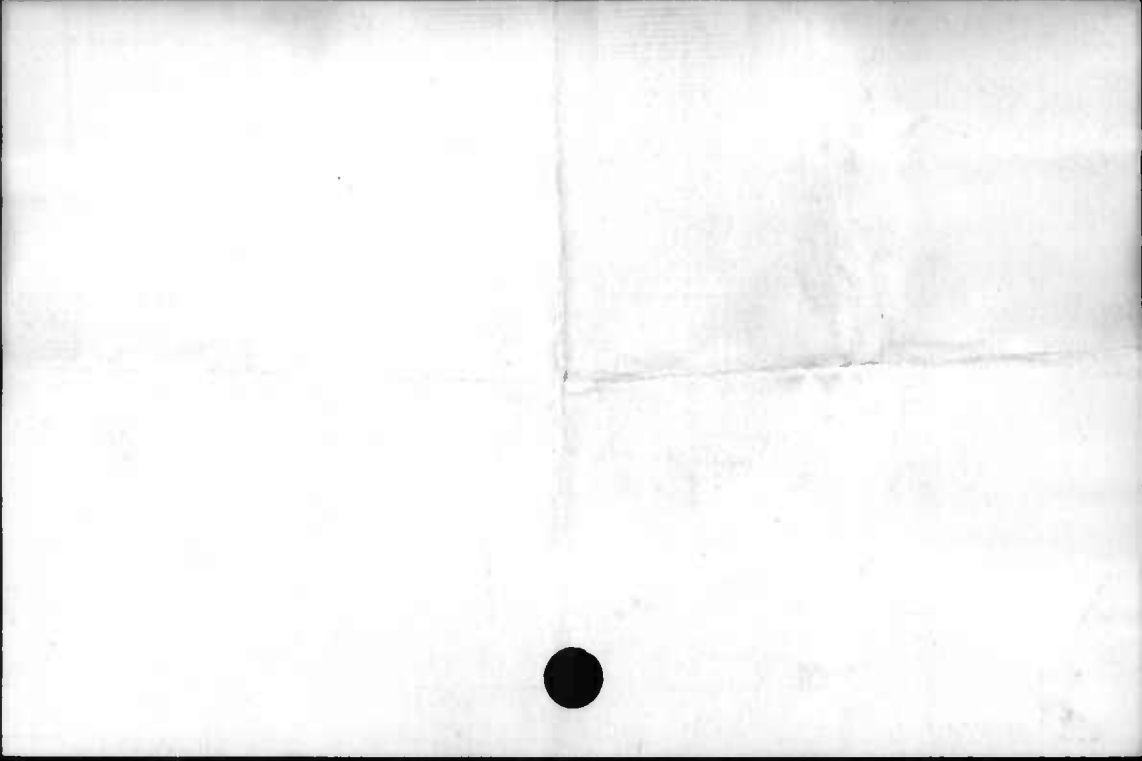
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. C. Stone M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

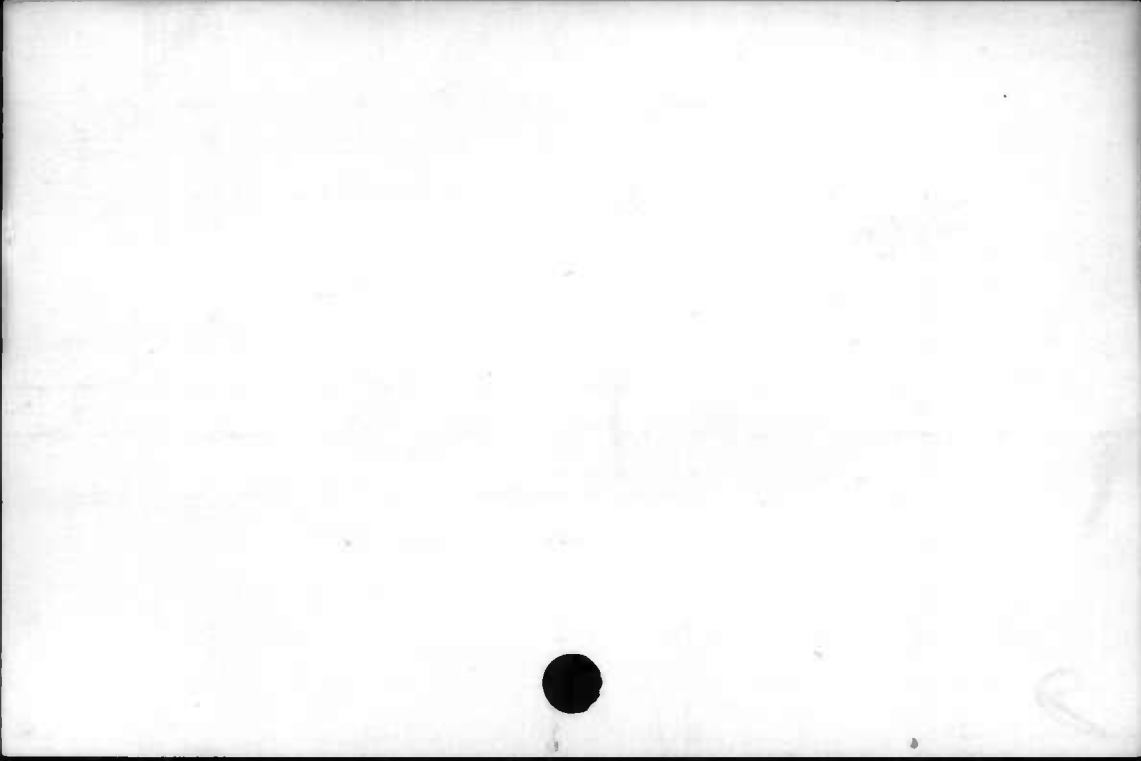
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		OCT.	10	31.			
Sex	Male		Color or Race	Colored		Birth-place	Warrenton
Occupation	Barber			Where Residing if not at place of death		Warrenton Va.	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	James Nickens				Father's Birthplace	Warrenton	
Mother's Maiden Name	Jennie Malvin				Mother's Birthplace	Warrenton	
Name of person giving information	Mrs. Robt. J. Pollard				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	(79)
Immediate	2 days	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yr		J. P. P. P. P.	
		Address	
		Lawrence	
		mo	
Accident or Suicide?			



Name
in
Full

Milton Phelps

CERTIFICATE OF DEATH

Died at Buffalo N.Y. Town

County

MARYLAND

Date of death 1906

Month

Oct

Day

15

Years

Age 40

Months

Days

Sex

Male

Color or Race

White

Birth place

Howard Co

Occupation

Plasterer

Where residing if not at place of death

Bartonville Md

Married, Single
Widowed

Name of Wife or Husband

Willie Loper

Father's Name

John Phelps

Father's Birthplace

Howard Co

Mother's Maiden Name

Mother's Birthplace

—

Name of person giving Information

Will Loper

How related to deceased

none

CAUSES OF DEATH

Primary

Laceration of Brain

How long

one day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. R. Burton
Spencerville Md

Accident ~~and~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full		Infant no name Porter				CERTIFICATE OF DEATH	
		Town Elliott City		County Howard		MARYLAND	
Died at		Date of death		Age		Months Days	
		1906 Oct 28.		Years			
Sex		Color or Race		Birth-place			
Male		colored		Ind			
Occupation		Where Residing if not at place of death		Elliott City			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Maschus. Porter		Sarah Baldwin		Maryland		Maryland	
Name of person giving information		Arrie Baldwin (Mother)		How related to deceased		Maryland	
CAUSES OF DEATH							
Primary		Still born		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Bernard H. Wallenborn, J.P.			
				Address Elliott City Md.			
Accident or Suicide?							



Name in Full		Louis H. Scrivenor.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Clement City</i>		Town <i>Harwood</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>5</i>	Years	Months	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>Same.</i>			
	Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Stephen Scrivenor</i>				Father's Birthplace <i>Ind.</i>		
	Mother's Maiden Name <i>Mary Clarke</i>				Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Stephen Scrivenor</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Diphtheria</i>		How long <i>6 hrs to my knowledge</i>		
	Immediate		<i>Laryngitis</i>		How long <i>Same</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>L. G. Brown</i>		
					Address <i>Clement City, Ind.</i>		
Accident or Suicide? <i>X</i>							



Name
in
Full

Maranda C. Short

CERTIFICATE OF DEATH

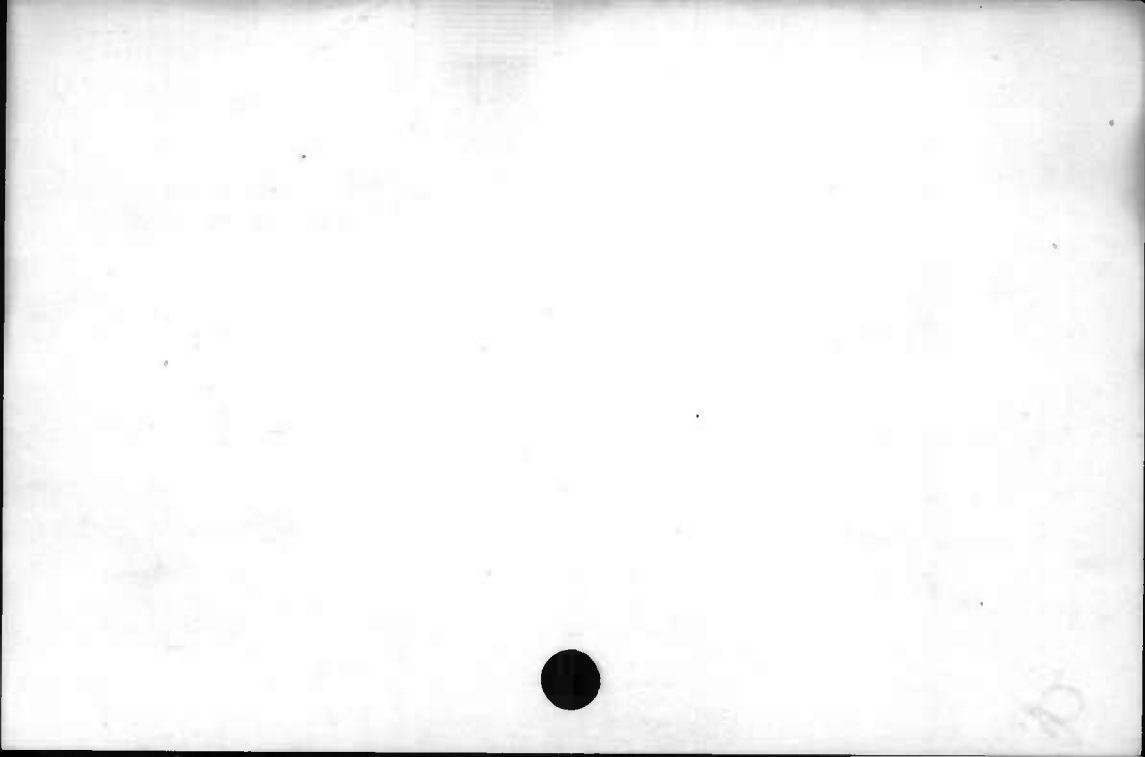
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1906	Month 10	Day 22	Age	Years 44	Months	Days
Sex	Female		Color or Race	white		Birth- place	MD
Occupation	Housewife			Where Residing if not at place of death Savage			
Married, Single or Widowed	Married		Name of Wife or Husband	Mr. J. Short			
Father's Name	J. T. Waskey					Father's Birthplace	MD
Mother's Maiden Name	Lucinda Blessing					Mother's Birthplace	MD
Name of person giving In formation	Lucinda Waskey					How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arsenic Poison		How long	6 hours
Immediate	Collapse + Exhaustion		How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	William H. C. M.D.
			Address	Savage MD
Accident or Suicide?	Suicide			



Name
in
Full

Letitia Smith

CERTIFICATE OF DEATH

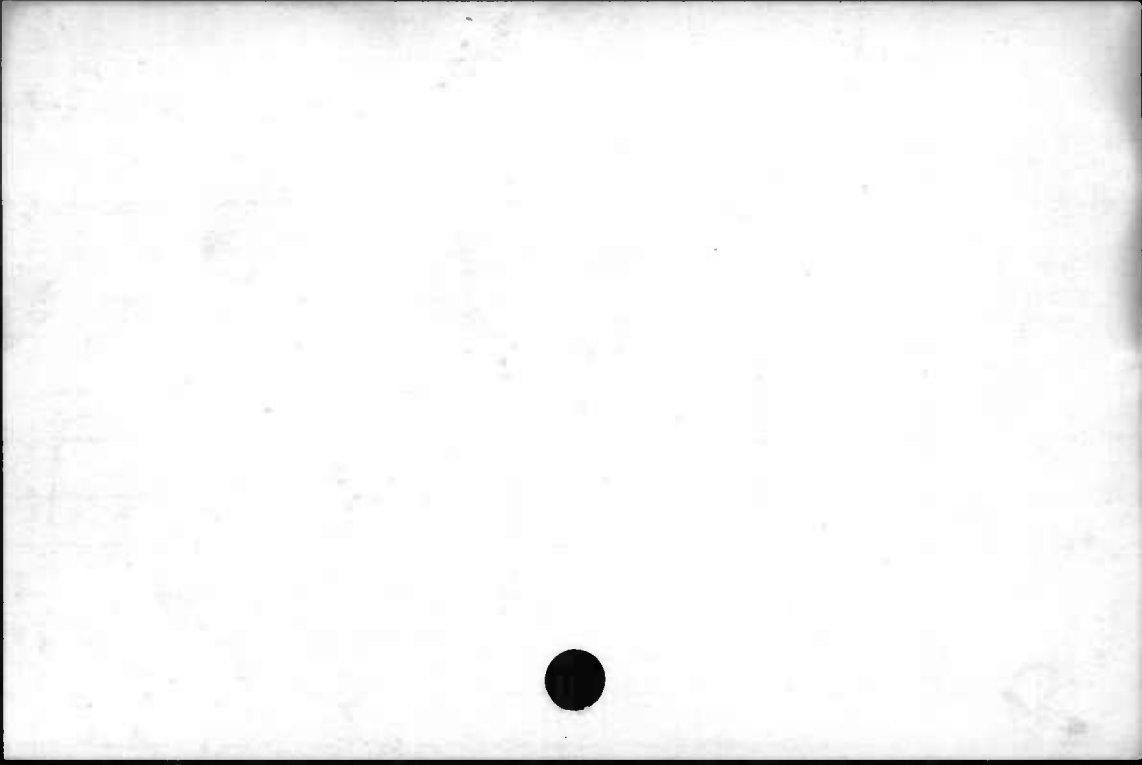
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>alpha</i>		County <i>Howard</i>		MARYLAND	
Date of death 1906	Month <i>oct</i>	Day <i>23rd</i>	Age <i>15</i>	Years	Months <i>3</i>	Days <i>12</i>	
Sex <i>female</i>	Color or Race <i>colored</i>		Birth- place <i>Howard Co Md</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>none (school girl)</i>					
Name of Wife or Husband							
Father's Name <i>George Smith</i>				Father's Birthplace <i>Howard Co Md</i>			
Mother's Maiden Name <i>Mary Wesley</i>				Mother's Birthplace <i>do</i>			
Name of person giving information <i>Harrison Gray</i>				How related to deceased <i>consin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>about 1 yr</i>
Immediate	<i>Pulmonary Haemorrhage</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>yes</i>		
Signature of Physician <i>Benj. F. Shipley</i>		
Address <i>alpha</i>		
<i>Howard Co</i>		<i>Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>13</i>	Age	Years <i>9</i>	Months <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Savage md</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Frank A. Specht</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>F. Gertrude Hermann</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>F. Gertrude Specht</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Encephalitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Williams, M.D.</i>
	Address <i>Savage md</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

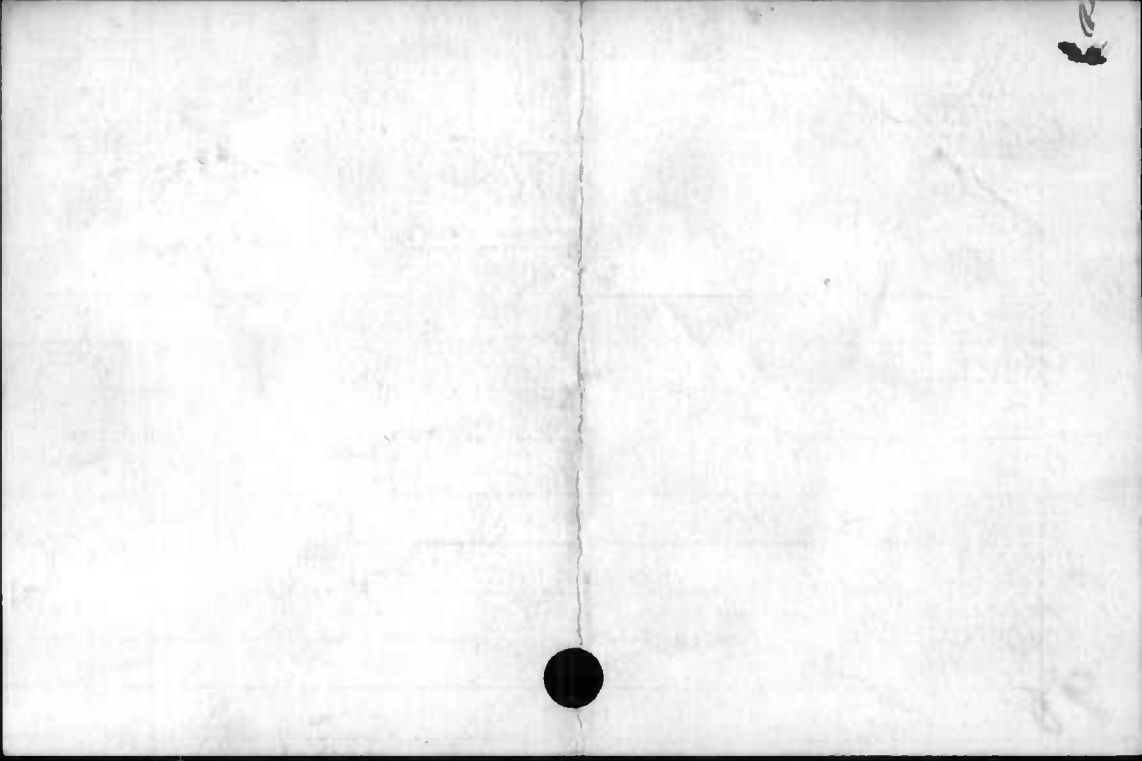
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Howard</i>		County <i>les</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>12.</i>	Age <i>105</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>near Piffers Lerner</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband						
Father's Name <i>don't no</i>	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Daniel Turner</i>	How related to deceased <i>son.</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Age</i>	How long
Immediate <i>General debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Elk Ridge, Md</i>
Accident or Suicide?	



Name
in
Full

Child of Charles Yates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	<i>Oct.</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>3 hrs.</i> <small>Months</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Yates</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Nannie Thorpe</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving Information <i>Charles Yates</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long
Immediate	<i>Premature birth</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician <i>W. H. B. Rogers, M.D.</i>
		Address <i>Charlottesville, Va.</i>
Accident or Suicide? <i>8</i>		

